Instructions for e-IDR

The Immediate Disclosure Reporting (e-IDR) Electronic Filing Program has been developed to provide more convenient filing options to Committees registered with the Bureau of Elections. In addition, the program provides faster and more accurate information to the public. The instructions below are provided to assist you with completing your online filing. These instructions can be used in conjunction with the instructional aids in the application. These instructional aids include:

- Help Function: As you go through the program/system/forms, you will find a "Help Button" to provide more information concerning using the application or how to complete the form based on the legal requirements.
- Mouse-Overs: Holding or hovering your mouse over long description fields opens an expansion of the field.
- Instructions on the pages: Throughout the application, the wording has been carefully designed to assist you in completing the forms.

Recommended Browsers and JAVA Script Enabled

The following are the recommended browsers for using the application. All users must have JAVA Script enabled on their chosen browser.

- 1. Internet Explorer 6.x or higher
- 2. Firefox 1.0.6 or higher
- 3. Netscape 7.x or higher

GETTING STARTED

To get started, from the Elections in Michigan Page, click on:

- 1. Campaign Finance Disclosure Page;
- 2. Electronic Filing and MERTS and
- 3. Immediate Disclosure Reports (e-IDR)

The first page you will see is the Committee Login page. See illustration and instructions below to complete the form.



Log-in ID#: Enter the Committee identification number assigned to you by the Bureau of Elections. You do not need to enter the dash and the digit following the dash.

If you do not have your identification number, contact the Bureau of Elections at 517-373-2540 for assistance.

Password: Enter the password assigned to the committee exactly as it was provided to you. If you need to request a password, click the "*Get/Reset Your Password" button to the right.

The following page will appear.



Welcome to mertsplus.com!

Welcome to the Home Page of the Michigan Electronic Reporting and Tracking System, otherwise known as MERTS. Please consider this site your "web portal" for all things MERTS Plus.

Get a password for uploading MERTS Plus filings

Read the Password FAQ for more information about electronic filing passwords.

Welcome to Michigan Campaign Finance Electronic Filing Upload Password Assignment Online!

Please Note: You should not have to use this form to get a password if you have successfully completed the Online Merts Quiz at the end of online training! Please be patient and check your email inbox before trying this form.

Upon completion of this form, a new Electronic Filing Upload password will be issued to your committee, and emailed to the address you have given. Any previous electronic filing passwords issued to your committee treasurer will no longer work.

If you lose or forget this password, you must come back to this page to issue a new one.

Note: This pag	e requires <u>Internet Explorer 5.5+</u> or <u>Netscape 6.1+</u>
Committee ID#:	•
Treasurer Last Name:	•
Email Address: (Twice for confirmation)	Your email address: Please repeat your email address:
Please <i>confirm</i> the above selections, then press Assign It	Assign It Clear

Email: Enter the email address where you should receive confirmation of your filing and a copy of the filing submitted to the Bureau of Elections.

Re-enter Email: Re-enter the email address. Both Email fields must match exactly for you to continue.

Click the "Assign It" button to complete the password request. An email will be sent immediately to the email address provided. Note: You will need to close or minimize the application to access your email and then return to the e-IDR program.

Click the "Clear" Button only if you need to clear all of the fields.

Click the "Login" Button to continue into the e-IDR program.

If any of the information in the Login page is incorrect, you will be given an opportunity to correct the information. A window will appear that explains the error. You can then correct the information.

SELECT THE REPORT TO BE FILED

After successfully entering the login information, you will proceed to a page to select the type of report to be filed.



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The Committee ID#: Displayed for your information and confirmation. Committee Name: Displayed for your information and confirmation.

Abort the session, by closing the browser, and contact the Bureau of Elections at 517-373-2540 if you believe you accessed the incorrect filer information.

To file an **new** report:

Report Date: Enter the date that the contributions or expenditures were received or made by the committee filing the report. The committee receives a contribution as soon as the committee treasurer or an agent designated by the treasurer receives it.

Report Type: Select the proper report type.

Click the "Create New Report" button to proceed.

To amend an **existing** report:

Select the report from the list to proceed.

ENTER THE REPORT INFORMATION

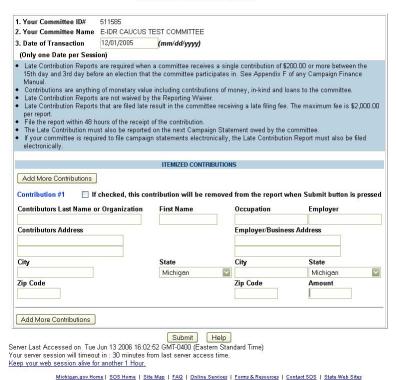
- 1. Late Contribution Report
- 2. Special Election Independent Expenditure Report
- 3. 24-Hour Expenditure Report
- 4. 24-Hour Contribution Report

1. Late Contribution Report

Items 1., 2., 3. are pre-filled based on the information provided in the previous screens.



LATE CONTRIBUTION REPORT



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Entering Fields:

Contributors Last Name or Organization: Enter the Last Name of the contributor or the

Organization name if the contributor is not an individual.

First Name: If the contributor is an individual, enter their First Name.

Contributors Address: Enter the contributor's address.

City: Enter the contributor's city. **State:** Enter the contributor's state.

Zip Code: Enter the contributor's zipcode.

Occupation: If the contributor is an individual, enter the occupation of the contributor. Note

Self Employed is not an occupation.

Employer: If the contributor is an individual, enter the employer of the contributor.

Employer/Business Address: If the contributor is an individual, enter the address of the contributor's employer or business address.

City: If the contributor is an individual, enter the city of the contributor's employer or business address.

State: If the contributor is an individual, enter the state of the contributor's employer or business address.

Zip Code: If the contributor is an individual, enter the address of the zip code employer or business address.

Amount: Enter the Amount of the Contribution

Check Boxes or Buttons:

Mark the "If, checked this contribution will be removed from the report when Submit button is pressed" to remove a transaction.

Click the "Add More Contributions" to continue adding transactions into the form for the date listed in Item #3.

Click the "**Help**" Button for on-screen help features.

Click the "**Submit**" Button when the form is ready to submit. This will allow you to proceed to a submission verification screen. If there are any issues with the filing, the system will display a message indicating which items need to be corrected.

Click the "**Keep your web session alive for another 1 Hour**" if your session will take more than 30 minutes. Note if the session is lost before you complete the "submit" process, the data entered will be lost.

2. Special Election Independent Expenditure Report

Items 1., 2., 3. are pre-filled based on the information provided in the previous screens.





INDEPENDENT EXPENDITURE REPORT

1. Your Committee ID#	511585				
2. Your Committee Name	E-IDR CAUCU	S TEST COMMIT	TEE		
3. Date of Transaction	02/02/2006	(mm/dd/yy	yy)		
(Only one Date per Sessi	on)				
Special Election Indepen "independent expenditure election in which the cane An expenditure is "indepe expenditure is not a contr Special Election Indepen in the committee manual. If your committee is requ Expenditure Report must The information reported Campaign Statement owe If your committee is requ Report Report	"to support or clidate or ballot of indent" if it is no ibution to a com dent Expenditur dent Expenditur red to file Trianr also be filed ele n the Special E d by the comm	oppose a candidat question is involve ot made at the din inmittee. e Reports are not e Reports filed lat nual Campaign St ictronically. lection Independe ittee.	e or ballot question within d. ection of, or under the cont waived by the Reporting V e will result in the committ atements electronically, th nt Expenditure Report mu-	45 calendar da: trol of, another p Vaiver. tee receiving a l te Special Elect st also be repor	ys before a special person and if the ate filing fee as explaine ion Independent ted on the next Triannu
must also be filed electro	nically.				
		ITEMIZED	EXPENDITURES		
Recipients Last Name or (expenditure will First Name	Candidate Last Name	(if applicable) First Name
Recipients Address			Office/District Sought		County of Residence
					7
City	State		Ballet Question		
	Michigar	· 🔽			
Zip Code			Exp. Type Independent	Supp/Opp Oppose	Amount
Add More Expenditures					
		Submi	t Help		
erver Last Accessed on Tue our server session will timeou oep your web session alive fo	t in : 30 minute	s from last server	(Eastern Standard Time) access time.		

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Entering Fields:

Recipients Last Name or Organization: Enter the Last Name of the recipient or the

Organization name if the recipient is not an individual.

First Name: If the recipient is an individual, enter their First Name.

Recipients Address: Enter the recipient's address.

City: Enter the recipient's city. **State:** Enter the recipient's state.

Zip Code: Enter the recipient's zip code.

Candidate Last Name: If the recipient is a candidate committee, enter the candidate's last

name.

First Name: If the recipient is a candidate committee, enter the candidate's first name.

Office/District Sought: If the recipient is a candidate committee, enter the candidate's office sought and district information; for example State Representative, 1st District.

County of Residence: If the recipient is a candidate committee, enter the candidate's county of residence.

Ballot Question: If the recipient is a ballot question committee, enter the name of the proposal

Exp. Type: Defaults to Independent

Supp/Opp: Defaults to Support. Select Oppose if the expenditures is to oppose the recipient

committee.

Amount: Enter the Amount of the Expenditure

Check Boxes or Buttons:

Mark the "If, checked this contribution will be removed from the report when Submit button is pressed" to remove a transaction.

Click the "Add More Expenditures" to continue adding transactions into the form for the date listed in Item #3.

Click the "Help" Button for on-screen help features.

Click the "**Submit**" Button when the form is ready to submit. This will allow you to proceed to a submission verification screen. If there are any issues with the filing, the system will display a message indicating which items need to be corrected.

Click the "**Keep your web session alive for another 1 Hour**" if your session will take more than 30 minutes. Note if the session is lost before you complete the "submit" process, the data entered will be lost.

3. 24-Hour Expenditure Report

Items 1., 2., 3. are pre-filled based on the information provided in the previous screens.





24 HOUR EXPENDITURE REPORT

	511585				
. Your Committee Name	E-IDR CAUCUS	S TEST COMMI	TTEE		
3. Date of Transaction	05/01/2006	(mm/dd/y	yyy)		
(Only one Date per Sessi	on)				
 24 Hour Expenditure Rep the 14th day preceding ar Expenditure is defined in 24 Hour Expenditure Rep per report. 24 Hour Expenditure Rep per report. 24 Hour Expenditure Rep Expenditures reported on the committee. If your committee is requi electronically. 	n election to the Section 6 of the orts are not waiv orts that are filed orts must be file the 24 Hour Ex	day after the ele Campaign Fina red by the Repo d late result in the d electronically penditure Repor	ection. nce Act. ting Waiver. ne committee receiving a la within 24 hours of making t must also be reported on	ate filing fee. The m the expenditure. the next Campaign	aximum fee is \$1000
oldetrollicumy.					
		ITEMIZED	EXPENDITURES		
			Il be removed from the		nit button is presse First Name
expenditure #1		expenditure wi	ll be removed from the	(if applicable)	
expenditure #1		expenditure wi	II be removed from the Candidate Last Name	(if applicable)	First Name
expenditure #1	Committee F	expenditure wi	Il be removed from the Candidate Last Name Office/District Sought Ballot Question	c (if applicable)	First Name
10 10 10	Committee F	expenditure wi	II be removed from the Candidate Last Name Office/District Sought	(if applicable)	First Name

Server Last Accessed on Mon Jul 03 2006 09:41:29 GMT-0400 (Eastern Standard Time) Your server session will timeout in : 30 minutes from last server access time. <u>Keep your web session alive for another 1 Hour.</u>

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Entering Fields:

Recipients Last Name or Organization: Enter the Last Name of the recipient or the

Organization name if the recipient is not an individual.

First Name: If the recipient is an individual, enter their First Name.

Recipients Address: Enter the recipient's address.

City: Enter the recipient's city. **State:** Enter the recipient's state.

Zip Code: Enter the recipient's zip code.

Candidate Last Name: If the recipient is a candidate committee, enter the candidate's last

name.

First Name: If the recipient is a candidate committee, enter the candidate's first name.

Office/District Sought: If the recipient is a candidate committee, enter the candidate's office

sought and district information; for example State Representative, 1st District.

County of Residence: If the recipient is a candidate committee, enter the candidate's county of residence.

Ballot Question: If the recipient is a ballot question committee, enter the name of the proposal

Exp. Type: Defaults to Independent

Supp/Opp: Defaults to Support. Select Oppose if the expenditures is to oppose the recipient

committee.

Amount: Enter the Amount of the Expenditure

Check Boxes or Buttons:

Mark the "If, checked this contribution will be removed from the report when Submit button is pressed" to remove a transaction.

Click the "Add More Expenditures" to continue adding transactions into the form for the date listed in Item #3.

Click the "**Help**" Button for on-screen help features.

Click the "**Submit**" Button when the form is ready to submit. This will allow you to proceed to a submission verification screen. If there are any issues with the filing, the system will display a message indicating which items need to be corrected.

Click the "**Keep your web session alive for another 1 Hour**" if your session will take more than 30 minutes. Note if the session is lost before you complete the "submit" process, the data entered will be lost.

4. 24-Hour Contribution Report

Items 1., 2., 3. are pre-filled based on the information provided in the previous screens.



24 HOUR CONTRIBUTION REPORT

1. Your Committee ID#	511585				
. Your Committee Name	E-IDR CAUCUS	TEST COMMITTEE			
. Date of Transaction	01/01/2006	(mm/dd/yyyy)			
(Only one Date per Sessi	on)				
24 Hour Contribution Rep the 14th day preceding ar Contributions are anythin 24 Hour Contribution Rep 24 Hour Contribution Rep 24 Hour Contribution Rep Contributions reported on the committee. If your committee is requi	n election to the da g of monetary valuo orts are not waived orts that are filed I orts must be filed the 24 Hour Conti	ay after an election. e including contribution d by the Reporting Wais ate result in the commi electronically. ribution Report must als	s of money, in-kind and lo rer. ttee receiving a late filing t to be reported on the next	ans to the committee. fee. The maximum fee i Campaign Statement	is \$100 owed b
electionically.					
		ITEMIZED CONTRIB	UTIONS		
Add More Contributions					
Contribution #1 🔲 If	- 10	ntribution will be ren First Name	oved from the report w	hen Submit button is Employer	press
Contribution #1 🔲 If	- 10			Employer	presse
Contribution #1 🔲 If	- 10		Occupation	Employer	presse
Contribution #1 If Contributors Last Name o Contributors Address	- 10	First Name	Occupation Employer/Busines	Employer ss Address	: presse
Contribution #1 If Contributors Last Name o Contributors Address		First Name	Occupation Employer/Busines	Employer ss Address	: presse
Contribution #1 If Contributors Last Name o Contributors Address		First Name	Occupation Employer/Busines	Employer ss Address State Michigan	presse
Contribution #1 If Contributors Last Name o Contributors Address City		First Name	Occupation Employer/Busines	Employer ss Address	presse
Contribution #1 If Contributors Last Name o Contributors Address City		First Name	Occupation Employer/Busines	Employer ss Address State Michigan	: presse
Contribution #1 If Contributors Last Name o Contributors Address City		First Name	Occupation Employer/Busines	Employer ss Address State Michigan	presse
Contribution #1 If Contributors Last Name o Contributors Address City		First Name	Occupation Employer/Busines	Employer ss Address State Michigan	presse
Contribution #1 If Contributors Last Name of Contributors Address City Zip Code	r Organization	State Michigan	Occupation Employer/Busines City Zip Code	Employer ss Address State Michigan	: presse

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Entering Fields:

Contributors Last Name or Organization: Enter the Last Name of the contributor or the Organization name if the contributor is not an individual.

First Name: If the contributor is an individual, enter their First Name.

Contributors Address: Enter the contributor's address.

City: Enter the contributor's city. **State:** Enter the contributor's state.

Zip Code: Enter the contributor's zipcode.

Occupation: If the contributor is an individual, enter the occupation of the contributor. Note Self Employed is not an occupation.

Employer: If the contributor is an individual, enter the employer of the contributor.

Employer/Business Address: If the contributor is an individual, enter the address of the contributor's employer or business address.

City: If the contributor is an individual, enter the city of the contributor's employer or business address.

State: If the contributor is an individual, enter the state of the contributor's employer or business address.

Zip Code: If the contributor is an individual, enter the address of the zip code employer or business address.

Amount: Enter the Amount of the Contribution

Check Boxes or Buttons:

Mark the "If, checked this contribution will be removed from the report when Submit button is pressed" to remove a transaction.

Click the "Add More Contributions" to continue adding transactions into the form for the date listed in Item #3.

Click the "Help" Button for on-screen help features.

Click the "**Submit**" Button when the form is ready to submit. This will allow you to proceed to a submission verification screen. If there are any issues with the filing, the system will display a message indicating which items need to be corrected.

Click the "**Keep your web session alive for another 1 Hour**" if your session will take more than 30 minutes. Note if the session is lost before you complete the "submit" process, the data entered will be lost.

RE-ENTER PASSWORD FOR SECURITY

Password: Enter the password assigned to the registrant exactly as it was provided to you.

To go back to correct or double-check the form, click the "Return To Form" Button

To submit the report, click the "Submit Report" Button.



An online screen will appear to inform you that your filing has been received. The document sequence number is also displayed.





Your filing has been successfully submitted to Bureau Of Elections. Your confirmation document sequence number is **228699**.

A confirmation email has been sent to the box of Email Address Displayed Here

Thanks for using the web-based e-IDR filing system.

Return to e-IDR Login Page

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An email message with a copy of the Report attached will be sent to the email address used in the Login process.